

SNOW NETWORK OBSERVATION FORM

NAME:_____

SITE ID:_____

USUAL TIME OF OBSERVATION(S):_____ AM _____ PM

COUNTY:_____

MONTH:_____

TOWN:_____

SNOW DEPTH			SNOW FALL		
DAY	AM	PM	AM	PM	COMMENTS/OTHER DATA (water equivalent)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Monthly Snowfall Total: _____